



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Gregory P. Ennis, M.D.

**Respondent Name**

FedEx Ground Package System, Inc.

**MFDR Tracking Number**

M4-17-1684-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

February 3, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "On October 5, 2016 Dr. Gregory P. Ennis, M.D. did perform an examination following a designated doctor exam pursuant to Labor Code 408.0041 (f-2) and (f-4), to determine MMI and IR, as well as RTW, EOI, and Disability ... Pursuant to Labor Code 408.0041 (f-2) and (f-4) the IW is entitled to an independent examination to answer the questions addressed by the Designated Doctor. Following the guidelines of billing outlined in the TDI publication 'Medical Fee Guideline Training Module' the billing for these exams is correct and payable."

**Amount in Dispute:** \$975.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Please see the EOB(s) and the reduction rationale(s) stated therein. The carrier has made some payment per the December EOB."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 5, 2016	99456-NM	\$0.00	\$0.00
October 5, 2016	99456-RE	\$500.00	\$0.00
October 5, 2016	99456-RE	\$250.00	\$0.00
October 5, 2016	99456-RE	\$125.00	\$0.00
October 5, 2016	99456-MI	\$50.00	\$0.00
October 5, 2016	99456-MI	\$50.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.235 sets out the fee guidelines for evaluation of medical care and return to work examinations provided on or after September 1, 2016.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for maximum medical improvement and impairment rating examinations provided on or after September 1, 2016.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 252 – An attachment/other documentation is required to adjudicate this claim/service.
  - PI – These are adjustments initiated by the payer, for such reasons as billing errors or services that are considered not “reasonable or necessary”. The amount adjusted is generally not the patient’s responsibility, unless the workers’ compensation state law allows the patient to be billed.

## **Issues**

1. What are the services in dispute?
2. Is Gregory P. Ennis, M.D. eligible for reimbursement of disputed procedure code 99456-RE?
3. Is Dr. Ennis eligible for reimbursement of disputed procedure code 99456-MI?

## **Findings**

1. Dr. Ennis is seeking an additional reimbursement of \$975.00 for an examination performed on referral from the treating doctor. Dr. Ennis is seeking \$0.00 for procedure code 99456-NM. Therefore, this code will not be considered. Dr. Ennis is also seeking a total of \$875.00 for procedure code 99456-RE and a total of \$100.00 for procedure code 99456-MI. These are the services considered for this dispute.

2. Reimbursement for procedure code 99456-RE is subject to 28 Texas Administrative Code §134.235, which states, in relevant part, “The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting **a division or insurance carrier requested** [emphasis added] RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier ‘RE’ ...”

Review of the submitted documentation does not support that the services in question were requested by the division or the insurance carrier. Therefore, the division concludes that Dr. Ennis is not eligible for reimbursement of the disputed procedure code 99456-RE.

3. Reimbursement for procedure code 99456-MI is subject to 28 Texas Administrative Code §134.250(4)(B), which states, “When multiple IRs are required **as a component of a designated doctor examination** [emphasis added] under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier ‘MI’ shall be added to the MMI evaluation CPT code.”

Review of the submitted documentation does not support that the services in question were a component of a designated doctor examination. Therefore, the division concludes that Dr. Ennis is not eligible for reimbursement of the disputed procedure code 99456-MI.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
March 17, 2017  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**